## EXHIBIT C

UNITED STALLS BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR				
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	ative expense arising after the commencement be filed pursuant to 11 U.S.C. § 503				
Name of Creditor (The person or other entity to whom the dibtor owes money or property) Al-Awar Living Trust Dated 04/05/01 Adib M. Al-Awar & Ellen A. Al-Awar, Trustee	Check box if you have never received any				
Name and address where notices should be sent Adib M Al-Awar & Ellen A Al-Awar 1330 Burro Court Gardnerville, Nevada 89410	notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by	This Space is for Court Use Only			
Telephone number 775-783-8390  Last four digits of account or other number by which creditor identifies debtor	the court.  Check here replaces a previously filed amends a previously filed	I claim dated			
I Resis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death Taxes See Exhibit A X Other	Retiree benefits as defined in 11 Wages salaries, and compensate Last four digits of your SS # Unpaid compensation for service fromto (date)	tion (fill out below)			
2. Date debt was incurred March 1, 2005	3. If court judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations.  Unsecured Nonpriority Claim \$1,807,956.81  X Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount of arrearage and other charges at time case filed included in secured claim if any \$23,632.93					
Amount entitled to priority \$					
5 Total Amount of Claim at Time Case Filed \$1,807,956.81 \$1,807,956 81 \$1,807,956 81  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
This Space is file amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary  8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, safe-file addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  1/11/07  Adala M. Al-Awar. Trustee  Ellen A. Al-Awar, Trustee					

FORM B10 (Official Serio 00) (10205) gwz Doc 8848-	3 Entered 08/06/11 14:30:05 F	Page 3 of 11
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	DDOOL OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an administrative expense material to the case. A "request for payment of an administrative expense materials are supported by the case."		1
Name of Creditor (The person or other entity to whom the debtor owes money or property)  JEROME L. BLOCK AND CHARMA  N BLOCK, H+W/W Rof S  Name and address where notices should be sent  ROBERT C. LEPOME  19130 S. EASTERN # 200	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars ☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the	
HENDERSON, NV 89052 Telephane number (702) 492-1271	address on the envelope sent to you by the court.	THIS SPACE IS FOR CORE USE ONLY
Last four digits of account or other number by which creditor identifies debior 37/5	Check here replaces if this claim amends a previously filed	claim dated
1. Basis for Claim  General Unse Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined in 11  Wages, salaries, and compensati Last four digits of your SS # Unpaid compensation for service	ion (fill out below)
Of Other NEGLICENCE & FRAUD	(date)	(date)
2. Date debt was incurred. JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 50,000  Check this box it a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) nonly part of your claim is entitled to priority.	Secured Claim	
Unsecured Priority Clarm  Check this box if you have an unsecured claim all or part of w	Real Estate  Motor Vo	
Amount entitled to priority S	Amount of arrearage and other charge secured claim, if any \$	
Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o (a)(1)(B)	Up to \$2,225* of deposits toward purel or services for personal, family or house \$ 507(a)(7)	
☐ Wages, salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to government  180 Other - Specify applicable paragraph o  *Amounts are subject to adjustment on 4/1/1	f 11 USC § 507(a)()
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a	with remark to cores commenced on on	
5 Total Amount of Claim at Time Case Piled	\$50,000	750,000
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to the principal amount of the claim. Attach	nonty) (Total) utermized statement of all
<ol> <li>Credits The amount of all payments on this claim has been making this proof of claim.</li> </ol>	credited and deducted for the purpose of	HIS SPINCE IS HIR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting docume orders, invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing 8. Date-Staraped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any, of the fill this claim (attach copy of power of attoring the support of the support of attoring the support of power of attoring the support of power of attoring the support of the support of attoring the support of the support of attoring the support o	cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous attach a summary ing of your claim, enclose a stamped, self- the creditor or other person authorized to	LED DEC <b>07 2006</b>
12/07/06 ROSEAT C. LEPOME, A	THY FOR CLAIMANT	USA CMC

UNITED STATES BANKRUPICY COURT	Drs	TRICE OF NEVADA	PROOF OF CLAIM			
Nair of Dehtor	( Case (Mainte)					
USA Commercial Mortgage Company	<b>_</b>					
NOTE This form should not be used to make a claim for an administrative expense ma						
Name of Creditor (The person or other entity to whom the debtor owes money or property) CASEY FAMILY TRUST	else you givi	ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statement ng particulars				
Name and address where notices should be sent CASEY FAMILY TRUST C/O RICHARD F CASEY III & KATHRYN A CASEY TRUSTEES PO BOX 1578	noti case	ick box if you have never received any ces from the bankruptcy court in this is ick box if the address differs from the				
LOS GATOS CA 95031 1578 Telephone number	add the	ress on the envelope sent to you by court	THIS SEACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		ck here replaces is claim amends a previously f	iled claim dated			
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Loan Service		Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below)  rvices performed			
2 Date debt was incurred	3	If court judgment, date obtained	ed			
4 Classification of Claim Check the appropriate has an horse that has decarde your claim and are the annual of the claim at the						
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  See reverse side for important explanations  CONTINGENT  Secured Claim						
Unsecured Nonpriority Claim \$ 150,000  Check this box if a) there is no collateral or lien securing your claim or a right of setoff)  a right of setoff)						
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	Brief Description of Collate	ral r Vehicle — Other————			
Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of w	uhiah is		- vende - other			
entitled to priority  Amount entitled to priority \$	*111C11 13	Amount of arrearage and other ch secured claim if any	arges <u>at time case filed</u> included in			
Specify the priority of the claim		Up to \$2 225* of deposits toward p	urchase lease or rental of property			
Specify the priority of the claim  Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C (1)(1)(B)  Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C (1)(1)(B)						
Wages salattes or commissions (up to \$10,000) * carned within	nental units 11 USC § 507(a)(8)  The of 11 USC § 507(a)()					
days before filing of the bankruptcy petition or cessation of the debter business whichever is earlier 11 USC \$ 507(a)(4)	1/1/07 and every 3 years thereafter					
☐ Contributions to an employee benefit plan 11 USC § 507(a		with respect to cases commenced or	or after the date of adjustment			
5 Total Amount of Claim at Time Case Filed + UNLIQUIDATED CLAIMS	\$	(unsecured) (secured)	150,000			
Check this box if claim includes interest or other charges in additional charges	dition to th		(priority) (Total) ach itemized statement of all			
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	and deducted for the purpose of	THIS STACE IS FOR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting documents						
orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain If the documents are volu-	NOV 09 2006					
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- addressed envelope and copy of this proof of claim						
Date Sign and print the name and title if any of title this claim (attach copy of power of attor	the credito	r or other person authorized to y)	USA CMC			
2006 Its Pukard & Cases III Trustee of the Cases Family trot						

Case 06-10725-gwz Doc 8848-3 Entered 08/06/11 14:30:05 Page 5 of 11 FORM B10 (Official Form 10) (10/05)

	Oldin Bio (Olliciai i oli	11 10) (10/05)				· · · · · · · · · · · · · · · · · · ·
	UNITED STATES BAI	NKRUPTCY COURT DISTRICT OF NEV	'ADA (I	LAS VEGAS)	-	PROOF OF CLAIM
	Name of Debtor		1	ase Number:		
	USA Commercial	Mortgage Company	0	6-10725LBR		
		I not be used to make a claim for an administ for payment of an administrative expense ma				
The same of the sa	debtor owes money or pr		els		aware that anyone of claim relating to opy of statement	
	Cohen Living Trust	dated March 6, 1990	giv	ing particulars.	ve never received any	FILED NOV 1 0 2006
	Name and address where c/o Scott D. Fleming, Esc			tices from the bank	cruptcy court in this	
	Hale Lane Peek Denniso	n and Howard	l		ress differs from the	
ļ	3930 Howard Hughes Pa Las Vegas, Nevada 8916		ado	tress on the envelo		
-	Telephone number: 702-		the	court.		THIS SPACE IS FOR COURT USE ONLY
-		nt or other number by which creditor	Check		replaces	
-		count ID 2320	if this	claim	a pre	viously filed claim, dated:
	1. Basis for Claim Goods sold Services perform Money loaned Personal injury/v Taxes		□ W La Uı	ages, salaries, an est four digits of S	defined in 11 U.S.C. § 1 d compensations (fill out	t below)
	2. Date debt was incur	red: See Attachment A	3. If	court judgment,	, date obtained:	
	See reverse side for i  Unsecured Nonpriority  a) Check this box if: a) the by Your claim exceeds the only part of your claim is:  Unsecured Priority Cla  Check this box if your entitled to priority.  Amount entitled to priority of the Domestic support of (a)(1)(B)  Wages, salaries, or days before filing of the business, whichever is early Contributions to an	tim  but have an unsecured claim, all or part of which  ity  e claim:  bligations under 11 U.S.C. § 507(a)(1)(A) or  commissions (up to \$10,000),* earned within  bankruptcy petition or cessation of the debtorarlier—11 U.S.C. § 507(a)(4).  employee benefit plan—11 U.S.C. § 507(a)	im, or one or ich is	Secured Claim  Check this a right of set of Brief Desc. Real Est Value of C Amount of arresecured claim,  Up to \$2,22 or services \$ 507(a)(7)  Taxes or postation are with respect to	box if your claim is sectif).  ription of Collateral: state  Motor Vehicle collateral: \$	e at time case filed included in  urchase, lease, or rental of property household use — 11 U.S.C.  mental units - 11 U.S.C. § 507(a)(8).  4/1/07 and every 3 years thereafter after the date of adjustment.
	5. Total Amount of Cla	im at Time Case Filed:		\$ Unknow (unsecured		(priority) \$ Unknown (Total)
	Check this box if clair interest or additional	m includes interest or other charges in additional charges.	on to the	•	·	* * *
	making this proof of  Supporting Docume orders, invoices, item agreements, and evid documents are not av  Date-Stamped Copy addressed envelope a	ents: Attach copies of supporting documents nized statements of running accounts, contract lence of perfection of lien. DO NOT SEND vailable, explain. If the documents are volumers to receive an acknowledgement of the file of the copy of this proof of claim.	s, such as ets, court ORIGIN ninous, a ing of yo	promissory note judgments, mort AL DOCUMEN ttach a summary. our claim, enclose	s, purchase gages, security TS. If the e a stamped, self-	THIS SPACE IS FOR COURT USE ONLY  FILED  N. 7 1 2 2006
-	Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atta			son authorized to	USA CMC
-	November 9, 2006	/s/ Scott D. Fleming, Esq.				

UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada		
Name of Debtor		Number				PROOF OF CLAIM
USA COMMERCIAL MORTENGE COMEMY		06		1072	5-LBR	
NOTE. This form should not be used to make a claim for an administration						
of the case. A request for payment of an administrative expense ma	y be filed	pursuan	t to	II USC §	503	
Name of Creditor (The person or other entity to whom the					that anyone m relating to	
OLDIO OWCS MONCY OF PROPERTY)  DANIEL D. NEWMAN, TRUSTEE	уош	claım	Att	ach copy of		
PANIEL D. NEWMAN FENT DATED 11/1/92		ng parti			eragormi env	
Name and address where notices should be sent					er received any y court in this	
DANIEL D. NEWMAN 125 ELYSIAN DRIVE	Che		ıf th	e address dif	ffers from the	
SEDONA AZ 86336	addı	ess on		nvelope ser		THIS SPACE IS FOR COURT USE ONLY
Telephone number 928 282 5466  Last four digits of account or other number by which creditor	_	court. ck here		replaces		
identifies debtor	1	s clain	-		previously fi	ed claim dated
1 Basis for Claim						11 USC § 1114(a)
Goods sold			Wag Last	es salaries four digits	and compens of your SS #	ation (fill out below)
Services performed  Money loaned				-	•	vices performed
Personal injury/wrongful death			fron			to
Taxes Other				(đ	ate)	(date)
2 Date debt was incurred	3.	If co	ourt	judgment,	date obtaine	d.
MARCH 1999						
4 Classification of Claim. Check the appropriate box or boxes if See reverse side for important explanations.	nat best des				iate the amoun	of the claim at the time case filed
Unsecured Nonpriority Claim SLINE 4 OF EXA		Sec		l Claim		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or						
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	only part of your claim is entitled to priority  Brief Description of Collateral					
Unsecured Priority Claim	· · · · · · · · · · · · · · · · · · ·	1	_	Real Estat		Vehicle Other
Check this box if you have an unsecured claim all or part of v	which is		Va	lue of Colla	ateral \$	VENOUN
entitled to priority						riges <u>at time case filed</u> included in
Amount entitled to priority \$	г	L		<del></del>		
Specify the priority of the claim  Domestic support obligations under 11 U S C. § 507(a)(1)(A) of	. LI	or serv	vices	for person		ousehold use - 11 U S C.
(a)(1)(B)	" П	§ 50%			ed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the debi	in 180		-		•	h of 11 USC § 507(a)()
busines whichever is earlier - 11 USC § 507(a)(4)						/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a)(5) with respect to cases commenced on or after the date of adjustment						
5 Total Amount of Claim at Time Case Filed.	\$			A LN	,	LN4EXA
(ursecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6 Credits. The amount of all payments on this claim has been	n credited a	nd ded	lucte	ed for the pu	irpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim						
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contributions.					urchase securit 11	D JAN 1 1 2007
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain. If the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self- addressed envelope and copy of this proof of claim						
Date Sign and print the name and wile if any, of fill this claim (attach copy of power of atto	the credito	r or oth	her p	erson autho	orized to	
Janel Daniel		"				
LOUI DANIEL O NEWMAN	, TRU	ste	Z	-		USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 o	r imprisonii	nent for	rup	to 5 years	or both 18	1072502030

Case 06-10725-gwz Doc 8848-3	8 Entered 08/06/11 14:3	0:05 Page 7 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor	ase Number	
USA Commercial Mortgage Company	06-10725-LBR	
Control in the state of the s	55 15125 LBIX	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experarising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	an aware that anyone else has filed a proof of claim relating	F YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE
Name of Creditor and Address	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	DEBTORS YOU DO NOT HAVE TO FILE A PROOF DF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT DNE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (0/1) 5/1 - 9 407 - 5800		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies del	Check here replace or amend	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S C	§ 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Wages salaries and compensation (fil	l out below)
Services performed Taxes	ast four digits of your SS #	(not for loan balances)
Money loaned	Unpaid compensation for services perfe	ormed from to
	3 IF COURT JUDGMENT, DATE OF	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be See reverse side for important explanations		it of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	an aloum to a council by collection to the
Check this box if a) there is no collateral or lien securing your claim or b) yo exceeds the value of the property securing it or if c) none or only part of your	ui ciaiiii	r claim is secured by collateral (including
entitled to priority	Brief description of c	ollateral
UNSECURED PRIORITY CLAIM	Real Estate	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$
Amount entitled to priority \$		other charges <u>at time case filed</u> included in
Specify the priority of the claim	secured claim if any \$	2/6, 2/4. 60
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days	services for personal family or i	household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		rnmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		raph of 11 U S C § 507(a) ()
	with respect to cases commence	nent on 4/1/07 and every 3 years thereafter ed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 5	216,214.60 \$	\$
(unsecured)	•	( priority) (Total)
Check this box if claim includes interest or other charges in addition to the p	orincipal amount of the claim Attach itemi	zed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credite	ed and deducted for the purpose of ma	king this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docume</u> running accounts contracts court judgments, mortgages security agr	ents, such as promissory notes purch	ase orders invoices itemized statements of
DOCUMENTS If the documents are not available explain. If the doc	uments are voluminous attach a sumr	mary
8 DATE-STAMPED COPY To receive an acknowledgment of the fi proof of claim		•
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, p for each person or entity (including individuals, partnerships, congovernmental units)  BY MAIL TO	revailing Pacific time, on November porations, joint ventures, trusts and	13 2006 LISE ONLY
BMC Group	/ HAND OR OVERNIGHT DELIVERY TO MC Group	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	tn USACM Claims Docketing Center 330 East Franklin Avenue	FILED JAN 08 2007
El Segundo CA 90245-0911 El	Segundo CA 90245	
DATE SIGN and print the name and title if any of the cithis claim (attach copy of power of attorney	reditor or other person authorized to file	
24 Dec 2006 - 16 Fall		USA CMC
		STATE OF LIVE IN THIS WILL WILL WILL WILL
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for	ບrup to ວ years or both 18 USC §§ 15	2 AND 3571 1072501884

TOTAL DIO (CHICALT OIL TO) (10/05)				
UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Duttor  USA COMMERCIAL MORTGAGE CO, Case Number 06-10725-LE				
NOTF This form should not be used to make a claim for an administrative expense arising after the commencement of the ease. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)  THOMAS B. HARRISON AND MARGUERITE F. HARRISON TRUSTEES OF THE HARRISON GUILLY TRUST DATED 7127199  Name and address where notices should be sent  Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received an other forms the harksunter court in the content of the proof of claim.	o ny			
THOMAS B & MARGUGRITE F. HARRISON  930 DORCEY DRIVE  TNCLING VILLAGE, NV. 89451  Telephone number 775) 831 - 9402  Thomas B & MARGUGRITE F. HARRISON case  Check box if the address differs from the address on the envelope sent to you by the court.				
Last four digits of account or other number by which creditor  Identifies debtor  Check here replaces if this claim amends a previously	filed claim dated			
Basis for Claim  Goods sold Services performed  Money loaned Personal injury/wrongful death  Taxes  Retiree benefits as defined Wages salaries and compe Last four digits of your SS Unpaid compensation for s	nsation (fill out below) #			
Other Other				
2 Date debt was incurred 3. If court judgment, date obtain	ted			
Check this box if a) there is no collateral or lief securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is  a right of setoff)  Brief Description of Collaim  Real Estate Motor	teral  or Vehicle Other  Onknown  harges at time case filed included in property			
(a)(1)(B)	4/1/07 and every 3 years thereafter			
5 Total Amount of Claim at Time Case Filed  (ursecured)  (check this box if claim includes interest or other charges in addition to the principal amount of the claim. At interest or additional charges	3 0 7, 175, 18 (priority) (Total) tach itemized statement of all			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	THIS SPACE IS FOR COURT USE ONLY			
<ul> <li>Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary</li> <li>Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-</li> </ul>				
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Norquerito  Harrison  Trustee  There is no tree  There is	USA CMC 1072502003			

FORM B10 (Official Form 10) (10/05)		(Protective)				
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Dubtor USA Commercial Mortgage Co	Case Number 06-10725-LBR	TROOF OF GENIM				
NOTE: This form should not be used to make a claim for an administ of the circle. A "nequest for payment of an administrative expense in a						
Name of Creditor (The person or other entity to whom the dubtor owns mancy or property)						
Norman Kıven	giving particulars					
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this					
Andrew J Abrams, Esq , Sugar, Friedberg & Felsenthal LLP 30 N LaSalic St , Ste 3000, Chicago, IL 60602	case  Check box if the address differs from the					
Telephone number 312-704-9400	address on the envelope sent to you by the court.	THIS SINCILLS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim remember a previously filed	claım, dated				
1 Basis for Claim	☐ Retiree benefits as defined in 11					
☐ Goods sold ☐ Services performed	☐ Wages salaries, and compensati Last four digits of your SS #					
Money loaned (See Rider)	Unpaid compensation for service					
Personal injury/wrongful death Taxes	fromto	(date)				
☐ Other —	· · · · · · · · · · · · · · · · · · ·	(Suit)				
2 Date debt was incurred 2004 - 2006	3 If court judgment, date obtained					
4 Classification of Claim Check the appropriate box or boxes th	at best describe your claim and state the amount of	of the claim at the time case filed				
See reverse side for important explanations Unsecured Nonpriority Claim \$	iee Rider)					
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your claim is secured by collateral check the check this box if your cl						
Unsecured Priority Claim	Brief Description of Collateral  ☐ Real Estate ☐ Motor V					
Chuck this box if you have an unsecured claim, all or part of w	Value of Collateral S I Info	L.J				
entitled to priority	Amount of arrearage and other charg					
Amount entitled to priority \$  Specify the priority of the claim	Up to \$2 225* of deposits toward pure					
Domestic support obligations under 11 USC \$ 507(a)(1)(A) of	or services for personal, family, or hou					
(n)(1)(B)	<ul> <li>         ∃ Sor(a)(7)     </li> <li>         Taxes or penalties owed to government     </li> </ul>	tal units - 11 USC § 507(a)(8)				
☐ Wages, salaries, or commissions (up to \$10,000),* earned withit days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 1 i U S C § 507(a)(4)	n 180	of 11 USC § 507(a)()				
	with research to seems some asset on a					
☐ Contributions to an employee benefit plan - 11 USC \ 507(a	)(3)					
5 Total Amount of Claim at Time Case Filed	(unsecured) (secured) (pi	Rider) 1.040.000(+) nonty) (Total)				
<ul> <li>Check this box if claim includes interest or other charges in addinterest or additional charges.</li> </ul>	dition to the principal amount of the claim. Attach	itemized statement of all				
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY				
7 Supporting Documents Attach copies of supporting docum	ents, such as promissory notes, purchase					
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FIED NOV 10 200						
documents are not available, explain If the documents are volu	minous, attach a summary See Rider	EN MON TO 5000				
8 Date-Stamped Copy. To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of your claim, enclose a stamped, self-	USA CMC				
Date Signand print the name and title, if any, of the creditor or other person authorized to						
file this claim (attach copy of power of atto	mey, if any)	1072501297				

Tomas Come Business Come			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF	Nevada	PROOF OF CLAIM			
Name of Debtor USA Commercial Mortgage Co	Case	Number 00	5-10725-LBR				
NOTE. This form should not be used to make a claim for an administrative expense maintained in A "request" for payment of an administrative expense maintained in the control of the contr	strative exp ly be filed	ense ansing afte pursuant to !! C	er the commencement J.S.C. § 503				
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	else	has filed a proo	e aware that anyone f of claim relating to copy of statement				
Norman Kıven	giv	ng particulars	ive never received an				
Name and address where notices should he sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP	noti	es from the ba	nkruptcy court in this				
30 N LaSalic St., Stc. 3000, Chicago, IL 60602		ck box if the add	iress differs from the				
Telephone number 312-704-9400	the	court	lope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		ck here □rep is claim □ am		iled clarm dated			
1. Basis for Claim				1       U S C §			
☐ Goods sold ☐ Services performed		Last fou	r digits of your SS #	sation (fill out below)			
☐ Money loaned ☐ Personal injury/wrongful death		•	compensation for se				
☐ Taxes G		from	(date)	_to(date)			
2. Date debt was incurred 2006	3	If court judg	gment, date obtain	ed			
4 Classification of Claim. Check the appropriate box or boxes th				at at the plane of the two was filed			
See reverse side for important explanations	iat dest des			nt of the claim at the time case flico			
Unsecured Nonpriority Claim 5							
Check this box it a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral							
Unsecured Priority Claim				r Vehicle Other			
M Check this box if you have an unsecured claim all or part of v	vhich is	Value (	of Collateral \$				
entilled to priority  Amount entitled to priority \$48,248 00(+)			rrearage and other ch	arges <u>at time case filed</u> included in			
Specify the priority of the claim		Un to \$2,225*	of denosits toward n	urchase, lease, or rental of property			
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	_	or services for § 507(a)(7)	personal family, or l	nousehold use - 11 USC			
☐ Wages, salanes, or commissions (up to \$10,000),* earned with:	п 180 —			nental units - 11 U S C § 507(a)(8)			
days before filing of the bankrupicy petition or cassation of the debtor's							
*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter  Contributions to an employee benefit plan - 11 U S C. § 507(a)(5)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment							
5 Total Amount of Claim at Time Case Filed.		48,248(+)		48,248(+) 48,248(+)			
(unscried) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of This Stacts is for Count Usi Only							
	making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase						
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FILED NOV 1 5 2006 agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary See Rider							
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							
addressed envelope and copy of this proof of claim							
file this claim (attach copy of power of attor	USA CMC						
11/09/06 /Mun Mun	1072501478						

UNITED STALLS BANKRUPTCY COURT	District of Nevada	
Name of Dubtor USA CONCRERCIAL	Case Number	PROOF OF CLAIM
MORTGAGE CONTRANY	06-10725 -LBR	
NOTI- This form should not be used to make a claim for an adminis		1
of the cise. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debier owes money or property) GARY I. I BARBARA L. DILLER TRUSTEES OF THE GARIT	else has filed a proof of claim relating to your claim. Attach copy of statement	
+ BARBYARA COMILLER TRUST ANTES	giving particulars	
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this	
2832 TILLER AVE,	case.	
LOS HAGRICAS, CAUF 9000 T	Check box if the address differs from the address on the envelope sent to you by	Tour Course to Lon Course like Chay
Telephone number 310 4777741	the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim replaces a previously file	ed claim dated
	Retiree benefits as defined in	
1 Basis for Claim Goods sold	Wages salaries and compens	
Services performed	Last four digits of your SS #	
Money loaned Personal injury/wrongful death	Unpaid compensation for ser	,
Taxes - 3 a RVHIRIT A	from(date)	(date)
		·
2. Date debt was incurred MAMCH ZOO,	J If court judgment, date obtaine	1
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 555,683.00	i i Check this box is your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	none or a right of setoff)	
only part of your claim is entitled to priority	Brief Description of Collate	
Unsecured Priority Claim	Value of Collateral \$40.00	Vehicle Other
Check this box if you have an unsecured claim all or part of entitled to priority	wnich is	arges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 7,3	11 Ses at time case they included in
· ·		
Specify the priority of the claim	Up to \$2 225* of deposits toward por services for personal family or h	
Domestic support obligations under 11 USC \$ 507(a)(1)(A) (a)(1)(B)	F-3	
Wages salaries or commissions (up to \$10,000) * earned with	Taxes or penalties owed to governm	
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	otor's U Outer - Specify applicable paragrap	
Contributions to an employee benefit plan - 11 USC \ 507(	with respect to cases commenced or	
5 Total Amount of Claim at Time Case Filed	\$555 683 \$555.683.	ea \$555,683.00
Check this box if claim includes interest or other charges in actinterest or additional charges	(unsecuted) (secured) idition to the principal amount of the claim Att	(priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has bee	n credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		
7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts continuous.		
agreements and evidence of perfection of lien DO NOT SE		
documents are not available, explain if the documents are vol-		
8. Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim	FILED JAN 1 1 21	
Date Sign and print the name and title if any, of	I IFFF	
file this claim (attach copy of power of att		
Ham I MAN	G->	USA CMC
11/1/100	TKUSTEE	USA CMC